N.	Itare Plans Do Not Complete Items 15 Through 27. Go To Item 28. Fringe Benefit Plans see page 5 of the	Instru	ction	
154	If this is a defined benefit plan, subject to the minimum funding standards for this plan year, is Schedule 8 (Form 5500) required to be attached? (If this is a defined contribution plan leave blank.)	15a	Yes	No
b	If this is a defined contribution plan, i.e., money purchase or target benefit, is it subject to the minimum funding standards? (If a waiver was granted, see instructions) (If this is a defined benefit plan leave blank.)	b		
	If "Yes," complete (1), (2), and (3) below:			
	(1) Amount of employer contribution required for the plan year under Code section 412 b(1) \$			
	(2) Amount of contribution paid by the employer for the plan year			
	Enter date of lest payment by employer > Month Day Year			1
	(3) If (1) is greater than (2), subtract (2) from (1) and enter the funding deficiency here; otherwise, enter zero. (If you have a funding deficiency, file Form 5330.) b(3) \$	摄		
16	Has the plan been top-heavy at any time beginning with the 1984 plan year?	16		1
	Has the annual compensation of each participant taken into account under the current plan year been limited to \$222,220?	17	X	
	(1) Did the plan distribute any annuity contracts this year? (See instructions.)	2(1)		X
				244
	(2) If (1) is "Yes," did these contracts contain a requirement that the spouse consent before any distributions under the contract are made in a form other than a qualified joint and survivor annuity?	a(2)	×	A
b	Did the plan make distributions to participants or spouses in a form other than a qualified joint and survivor annuity (a life annuity if a single person) or qualified preretirement survivor annuity (exclude deferred annuity contracts)?	b	X X	
¢	Did the plan make distributions or loans to married participants and beneficiaries without the required consent of the participant's spouse?	•		I.
đ	Upon plan amendment or termination, do the accrued benefits of every participant include the subsidized benefits that the participant may become entitled to receive subsequent to the plan amendment or termination?	d		
19	Were distributions, if any, made in accordance with the requirements under Code sections 411(a)(11) and 417(e)?	19	X	
20	Have any contributions been made or benefits accrued in excess of the Code section 415 limits, as amended by the Tax Reform Act of 19867.	20		Z Z
21	Has the plan made the required distributions in 1991 under Code section 401(a)(9)? (See instructions.)	21	N	X
221	Does the employer apply the separate line of business rules of Code section 414(r) when testing to see if this plan satisfies the coverage and discrimination tests of Code sections 410(b) and 401(a)(4)?	22a	<b>1</b>	T I
b	If a 13 "Yes," enter the total number of separate lines of business claimed by the employer  If more than one separate line of business, see instructions for additional information to attach.	MM,		
c	Does the plan consist of more than one part that is mandatorily disaggregated under Income Tax Regulations section 1.410(b)-7(c)?	C	·	
	If "Yes," see instructions for additional information to attach.			
đ	In testing whether this plan satisfies the coverage and discrimination tests of Code sections 410(b) and 401(a), does the employer aggregate plans?	d		はは無い
•	Does the employer restructure the plan into component plans to satisfy the coverage and discrimination tests of Code sections 410(b) and 401(a)(4)?			
1	If you meet either one of the following exceptions, check the applicable box to tell which exception you meet and do NOT complete the rest of question 22:			
	(1) No highly compensated employee benefited under the plan at any time during the plan year;			
	(2) This is a collectively bargained plan that benefits only employees covered under a collective bargaining agreement, and no more than 2 percent of the employees who are covered under the collectively bargained agreement are professional employees.			
g	Did any leased employee perform services for the employer at any time during the plan year?	g		×
_	Enter the total number of employees of the employer. Employer includes entities aggregated with the employer under Code sections 414(b), (c), or (m). The number of employees includes leased employees and self-employed individuals.	h	Num 2	ber 91
1				
	receive no earned income from U. S. sources; and (4) the 500 hours of service/last day rule	1		13
1	Enter the number of nonexctudable employees (subtract line i from line h)			98
	Do 100 percent of the nonexcludable employees entered on line j benefit under the plan? XYes No If line k is "Yes," do NOT complete lines 22! through 22o.			litable 1
1	Enter the number of nonexcludable employees (line i) who are highly compensated employees	1		0
	Enter the number of nonexctudable employees (line i) who benefit under the plan	m		0
	Enter the number of employees entered on line in who are highly compensated employees	п		0
	This plan satisfies the coverage requirements on the basis of (check one):	-		rement.
	(1) The average benefits test			

#### FORM 5500 (1990)

#### Attachment to Q.22(a-o)

Plan Name: SINCLAIR BROADCAST GROUP, INC. EIN/PN: 52-1494660/001 401(K) PROFIT SHARING PLAN
Group Name: SINCLAIR BROADCAST GROUP, INC. 401K - DEFFERAL

			Yes	No
22	Does the employer apply the separate line of business rules of Code section 414(f) when testing to see if this plan satisfies the coverage and discrimination tests of Code sections 410(b) and 401(a)(4)?	22		
b	If a is "Yes," enter the total number of separate lines of business claimed by the employer If more than one separate line of business, see instructions for additional information to attach.			
c	Does the plan consist of more than one part that is mandatorily disaggregated under Income Tax Regulations section 1.410(b)-7(c)?	•	X	
đ	In testing whether this plan satisfies the coverage and discrimination tests of Code sections 410(b) and 401(a), does the employer aggregate plans?	1		×
•	Does the employer restructure the plan into component plans to satisfy the coverage and discrimination tests of Code sections 410(b) and 401(a)(4)?	•		X.
f	If you meet either one of the following exceptions, check the applicable box to tell which exception you meet and do NOT complete the rest of question 22:			
	<ul> <li>(1)  No highly compensated employee benefited under the plan at any time during the plan year;</li> <li>(2)  This is a collectively bargained plan that benefits only employees covered under a collective bargaining agreement, and no more than 2 percent of the employees who are covered under the collectively bargained agreement are professional employees.</li> </ul>			
9	Did any leased employee perform services for the employer at any time during the plan year?	g		<u> </u>
h	Enter the total number of employees of the employer. Employer includes entities aggregated with the employer under Code sections 414(b), (c), or (m). The number of employees includes leased employees and self-employed individuals.		Num 21	ber II
1	Enter the total number of employees excludable because of: (1) failure to meet requirements for minimum age and years of service; (2) coverage under a collective bargaining agreement; (3) nonresident aliens who receive no earned income from U.S. sources; and (4) the 500 hours of service/last day rule	<b> </b>		3
1	Enter the number of nonexcludable employees (subtract line i from line h)		15	16
k	Do 100 percent of the nonexcludable employees emered on line j benefit under the plan? • Yes Ne If line k is "Yes," do NOT complete lines 22! through 22s.			
1	Error the number of nonexcludable employees (line j) who are highly compensated employees	1		
m	Enter the number of nonexcludable employees (fine j) who benefit under the plant	m		
n	Enter the number of employees entered on line m who are highly compensated employees	п	d. ha'	
0	This plan satisfies the coverage requirements on the basis of (check one):			
	(1) The average benefits test			471.0
	(2)   The ratio percentage test—Enter value >	igitei e		70 MARIE

#### FORM 5500 (1990)

#### Attachment to Q.22(a-o)

Plan Name: SINCLAIR BROADCAST GROUP, INC. EIN/PN: 52-1494660/001 401(K) PROFIT SHARING PLAN
Group Name: SINCLAIR BROADCAST GROUP, INC. 401K - MATCH

			Yes	No
24	Does the amployer apply the separate line of business rules of Code section 414(r) when testing to see if this plan satisfies the coverage and discrimination tests of Code sections 410(b) and 401(a)(4)?	222		×
þ	If a is "Yes," enter the total number of separate lines of business claimed by the employer If more than one separate line of business, see instructions for additional information to attach.			
c	Does the plan consist of more than one part that is mandatorily disaggregated under Income Tax Regulations section 1.410(b)-7(c)?	6	X X	
đ	In testing whether this plan satisfies the coverage and discrimination tests of Code sections 410(b) and 401(a), does the employer aggregate plans?	•		X
•	Ooes the employer restructure the plan into component plans to satisfy the coverage and discrimination tests of Code sections 410(b) and 401(a)(4)?	•		×
t	If you meet either one of the following exceptions, check the applicable box to sell which exception you meet and do NOT complete the rest of question 22:			
	<ul> <li>(1) No highly compensated employee benefited under the plan at any time during the plan year;</li> <li>(2) This is a collectively bargained plan that benefits only employees covered under a collective bargaining agreement, and no more than 2 percent of the employees who are covered under the collectively bargained agreement are professional employees.</li> </ul>			
9	Did any leased employee perform services for the employer at any time during the plan year?	9		x
ħ	Enter the total number of employees of the employer. Employer includes entities aggregated with the employer under Code sections 414(b), (c), or (m). The number of employees includes leased employees and self-employed individuals.	-	Num 2	ber H
ì	Enter the total number of employees excludable because of; (1) failure to meet requirements for minimum age and years of service; (2) coverage under a collective bargaining agreement; (3) nonresident aliens who receive no earned income from U, S. sources; and (4) the 500 hours of service/last day rule			3
j	Enter the number of nonexcludable employees (subtract line i from line h)		11	16
k	Do 100 percent of the nonexcludable employees entered on line j benefit under the plan? XYes No if line k is "Yes," do NOT complete lines 22! through 22e.	飌		
1	Enter the number of nonexcludable employees (line j) who are highly compensated employees			
m	Enter the number of nonexcludable employees (line j) who benefit under the plan	m		
n	Enter the number of employees entered on line m who are highly compensated employees	n	inerca co	tal i taat a ti <del>li t</del>
	This plan satisfies the coverage requirements on the basis of (check one):	l Phil		
-	(1) The average benefits test (2) The ratio percentage test—Enter value >			

#### FORM 5500 (1990)

#### Attachment to Q.22(a-o)

Plan Name : SINCLAIR BROADCAST GROUP, INC. EIN/PN: 52-1494660/001

401(K) PROFIT SHARING PLAN
Group Name: SINCLAIR BROADCAST GROUP, INC. 401K PROFIT SHARING

			Yes	No
<b>72</b> 2	Dose the employer apply the separate line of business rules of Code section 414(r) when testing to see if this plan satisfies the coverage and discrimination tests of Code sections 410(b) and 401(a)(4)?	222		T T
Þ	If a is "Yes," enter the total number of separate lines of business claimed by the employer If more than one separate line of business, see instructions for additional information to attach.			
c	Does the plan consist of more than one part that is mandatorily disaggregated under Income Tax Regulations section 1.410(b)-7(c)?	C		
d	If "Yes," see instructions for additional information to attach.  In testing whether this plan satisfies the coverage and discrimination tests of Code sections 410(b) and			
•	401(a), does the employer aggregate plans?			
1	If you meet either one of the following exceptions, check the applicable box to tell which exception you meet and do NOT complete the rest of question 22:			
	(1) No highly compensated employee benefited under the plan at any time during the plan year; (2) This is a collectively bargained plan that benefits only employees covered under a collective bargaining agreement, and no more than 2 percent of the employees who are covered under the collectively bargained agreement are professional employees.		11.4.4.4	production of the second of th
g	Did any leased employee perform services for the employer at any time during the plan year?	g		*
h	Error the total number of employees of the employer. Employer includes entities aggregated with the employer under Code sections 414(b), (c), or (m). The number of employees includes leased employees and self-employed individuals.	h	Num 24	
1			-	3
1	receive no earned income from U. S. sources; and (4) the 500 hours of service/last day rule	H		<u>.                                    </u>
k	Do 100 percent of the nonexcludable employees entered on line j benefit under the plan? Yes I No if line k is "Yes," do NOT complete lines 22! through 22e.			
1	Enter the number of nonexcludable employees (fine j) who are highly compensated employees		2	2
m	Enter the number of nonexcludable employees (line j) who benefit under the plan	<u></u>	15	<u> </u>
n	Enter the number of employees entered on line m who are highly compensated employees	n l	2	1
•	This plan satisfies the coverage requirements on the basis of (check one):			
	(1) The average benefits test			
	(2) x The ratio percentage test—Emer value > 78.00	1412	ir Gire iii	THE CHANGE

)([	n 5500 (1991)	liffer (rest		<b>990</b>
•	te it intended that this plan quality under Code section 401(a)?	234	Yes	N
<b>13</b>	If "Yes," complete b and c,	Richert Lie		1
	Enter the date of the most recent IRS determination letter Month	1 p 11	,	騰
c	Is a determination letter request pending with IRS?	2		
	If this is a plan with Employee Stock Ownership (ESOP) features, was a current appraisal of the value of the stock made immediately		t-l	_
44	before any contribution of stock of the purchase of the stock by the trust for the plan year covered by this return / report?	242		
	(If this plan has NO ESOP leatures leave blank and go to item 25.)		5	No.
h	If a is "Yes," was the appraisal made by an unrelated third party?	Ь		
_	If dividends paid on employer securities held by the ESOP were used to make payments on ESOP loans			
	enter the amount of the dividends used to make the payments		2	麗
5	Does the plan provide for permitted disparity? See Code sections 401(a)(5) and 401(i)	25		
6	Does the employer/sponsor listed in 1a of this form maintain other qualified pension benefit plane?	26	1773-1860	1
	If "Yes," enter the total number of plans, including this plan		The last	
7	If this plan is an adoption of a master, prototype, or regional prototype plan, indicate which type by checking the appropriate box: a Master b Prototype c X Regional Prototype		7	
8a	Did any person who rendered services to the plan receive directly or indirectly \$5,000 or more in compensation from			
	the plan during the plan year (except for employees of the plan who were paid less than \$1,000 in each month)?	200	Le die elli	200000
	If "Yes," complete Part I of Schedule C (Form 5500).			
Þ	Did the plan have any trustees who must be fisted in Part II of Schedule C (Form 5500)?	•	Z	<del> -</del> -
C	Has there been a termination in the appointment of any person listed in d below?	0	ro attorna	1
d	If c is "Yes," check the appropriate box(es), answer e and f, and complete Part III of Schedule C (Form 5500);  (1) Accountant (2) Enrolled actuary (3) Insurance carrier (4) Custodian			
			1	
_	(5) Administrator (6) Investment manager (7) Trustee  Have there been any ourstanding material disputes or matters of disagreement concerning the above termination?		Maria S	/A
;	If an accountant or enrolled actuary has been terminated during the plan year, has the terminated			
•	accountant/actuary been provided a copy of the explanation required by Part III of Schedule C (Form 5500)			
	with a notice advising them of their opportunity to submit comments on the explanation directly to DOL?			/A
g	Enter the number of Schedules C (Form 5500) that are attached. If none, enter -0- > 1			
48	is this plan exempt from the requirement to engage an independent qualified public accountant?	290		
b	If a is "No," attach the accountant's opinion to this return/report and check the appropriate box. This opinion is:			
	(1) I Unqualified			
	(2) Qualified/disclaimer per Department of Labor Regulations 29 CFR 2520.103-8 and/or 2520.103-12(d)		7.3	
	(3) Oualified/disclaimer other (4) Adverse (5) Other (explain)			
_	If & w The," does the accountant's report, including the financial statements and/or notes required to be attached to this return/report	elien.	n i	341
•	disclose (1) errors or irrequienties; (2) illegal acts; (3) material internal control weaknesses; (4) a less continuently indicating that		Satisfied Military	200
	assets are impaired or liability incurred; (5) significant real estate or other transactions in which the plan and (A) the spensor, (8)			
	the plan administrator, (C) the employer(s), or (D) the employee organization(s) are jointly involved; (6) that the plan has participated	THE STATE OF	2	44
	in any related party transactions; or, (7) any unusual or infrequent events or transactions occurring subsequent to the plan year and that events approximantly affect the usefulness of the financial statements in assessme the plant's present or future shifty to pay benefits?	•		X
₫	If c is "Yes," provide the total amount involved in such disclosure			
	If 29a is "No," complete the following questions. (You may NOT use "N/A" in response to item 30):			蠶
	If a, b, c, d, e, or f is checked "Yes," schedules of these items in the format set forth in the instructions are required to be attached to this return/report.			
	During the plan year:			
1	Did the plan have assets held for investment?	30e	E L	deier ist
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible?	b		X
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible?			
đ	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets?	d the track of	alan i	(Brissia)
•	Do the notes to the financial statements accompanying the accountant's opinion disclose any nonexempt transactions with parties-in-interest?	•		x
f	Did the plan engage in any nonexempt transactions with parties-in-interest not reported in e?	1	$\Box$	I
g	Did the plan hold qualifying employer securities that are not publicly traded?	g	dia.	X
h	Old the plan purchase or receive any nonpublicly traded securities that were not appraised in writing by an unrelated third party within 3 months prior to their receipt?	h		ı.
1	Did any person manage plan assets who had a financial interest worth more than 10% in any party providing		into:	
	services to the plan or receive anything of value from any party providing services to the plan?	11		<u>. x</u>
				-

Plan Name: SINCLAIR BROADCAST GROUP, INC. 401(K) PROFIT SHARING PLAN EIN/PN : 52-1494660/001

Form	n 5500 (1991) Attachment Item	30a - Schedule of Assets Held for Investm	ent Purposes.	
(2)	(b) Identity of Issue, borrower, lesser, or similar party	(C) Description of investment including maturity sate rate of interest, collateral, par or maturity value	(d) Cost	(0) Current value
•	BELL SOUTH CORP	100 SHS COMMON STOCK		
٠	EASTMAN KODAK	300 SHS COMMON STOCK		
٠	GENERAL ELECTRIC CO.	200 SHS COMMON STOCK		
·	GENERAL MILLS	600 SHS COMMON STOCK		
	INTL. BUSINESS MACHINES	500 SHS COMMON STOCK		
$\cdot$	NOSHHOL ONA NOSHHOL	400 SHS COMMON STOCK		
•	PROCTOR & GAMBLE	500 SHS COMMON STOCK		
$\cdot$	SEARS ROEBUCK & CO	700 SHS COMMON STOCK		
$\cdot$	UPJOHN CQ.	200 SHS COMMON STOCK		
<u>·                                     </u>	AJR NABISCO INC	8.25% NOTES DUE \$/1/85		
$\cdot$	US TREASURY BILLS	0% DUE 3/19/92 -\$100,000		
$\cdot$	US TREASURY NOTES	7.875% DUE 8/15/92- \$40000		
$\cdot \mathbb{I}$	US TREASURY NOTES	8.825% DUE 5/15/93 - \$20000		
$\cdot$	US TREASURY NOTES	E.875% DUE 2/15/94 - \$20000		
$\cdot$	US TREASURY NOTES	7.000% DUE 5/15/84 - \$25000		
${oldsymbol{ol}}}}}}}}}}}}}}}$	US TREASURY NOTES	8.825% DUE 10/15/85 - \$20000		
•	US TREASURY NOTES	7.25% DUE 11/15/96 - \$40000		
$\cdot $	CNL INCOME FUND, LTD.	LIMITED PARTNERSHIP		
•	COWEN STANDBY RESERVE FUND	MONEY MARKET FUND		
T				
T				
T				
$\top$				
$\top$				
T				
7				
$\neg$				
T				
$\top$			<u> </u>	
$\top$				
1				
+	· · · · · · · · · · · · · · · · · · ·			
+				
$\dagger$				
+				
$\dagger$				
$\dagger$				
$\dagger$				
+				
$\dashv$				
$\top$				
+				
+				
+				
+				
+				
+				
+				
+	·			
	<u> </u>			

Plan Name: SINCLAIR BROADCAST GROUP, INC. 401(K) PROFIT SHARING PLAN

EIN/PN : 52-1494660/001

Form 5500 (199	1) Attachment	Item 30d -	Schedule	of Reportable	e Transactions.			
(B) identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(C) Purchase price	(d) Selling price	(B) Lease rental	(f) Expense incurred with transaction	(g) Cost of	(h) Current value of asset en transaction date	(I) Not gain or (loss)
PROCTOR & GAMBI	Bact		0.00	0.00	0.00			
US TREAS BILLS	NONE		0.00	0.00	0.00			
US TREAS NOTES	NONE		0.00	0.00	0.00			:
US TREAS NOTES N	3 900	0.00		0.00	0.00		0.00	
								·
						- 1		
-								
							*	
					<u> </u>			
	<del></del>							
							• • • • • •	······
<del></del>			_					
				· · · · · · · · · · · · · · · · · · ·				
						<u> </u>		
				····				······································
				····				
<u> </u>		<u> </u>						

3111	13300 (1321)			Page 5
32	During the plan year:			William Yes No
	(1) Was this plan covered by a fidelity bond? If "Yes," complete a(2) and a(3)			32a(1) z
	(2) Enter amount of bond > \$	•••••	••••••	
	(3) Enter the name of the surety company ARTHA CARUALTY & SURET			
Ь	(1) Was there any loss to the plan, whether or not reimbursed, caused by fraud or di	ishones	y7	b(1) z
	(2) If (1) is "Yes," enter amount of loss ► \$			
3 <b>3</b> a	Is the plan covered under the Pension Benefit Guaranty Corporation termination insurant Yes X No Not determined	on prog	ram?	
b	If a is "Yes" or "Not determined," enter the employer identification number and the plan is Employer identification number Plan number		used to identify it.	
34	Current value of plan assets and Sabilities at the beginning and end of the plan	year, C	combine the value of	the plan assets held
	in more than one trust. Allocate the value of the plan's interest in a commingled plan on a line-by-line basis unless the trust meets one of the specific exception	Tust o	ontaining the assets	of more than one
	the value of that portion of an insurance contract which quarantees, during this	plan y	ear. 10 pay a specif	c dollar banaar ar
	a future data. Round off amounts to the nearest dollar; any other amounts a	rue amp	ject to rejection. Pl	ans with no assets
	at the beginning and the end of the plan year, enter zero on line t.  Assets	<b>HALLIANTE</b>	(a) Beginning of year	<b>A)</b> 5 - 4 - 4 V
	Total noninterest-bearing cash		(a) beginning or year	(b) End of Year
	Receivables: (1) Employer contributions	1		
•	(2) Participant contributions			
	(3) Income	(3)	0	0
	(4) Other	(4)		
	(5) Less allowance for doubtful accounts	(5)	0	0
	(6) Total. Add b(1) through (4) less (5)	(6)		
_	General investments: (1) Interest-bearing cash (including money market funds) .	<b>q(1)</b>		
•	(2) Certificates of deposit		8	0
	(3) U.S. Government securities	(3)		
	• •	(4)(A)	0	•
	(B) All other	(4)(8)		
	(5) Corporate Stocks: (A) Preferred	(5)(A)	0	0
	(B) Common	(5)(B)		
	(5) Partnership/joint venture interests	(6)		
	(7) Real estate: (A) Income-producing	(7)(A)	0	0
	(B) Nonincome-producing	(7)(8)	0	0
	(8) Loans (other than to participants) secured by mortgages: (A) Residential .		0	
	(B) Commercial	$\overline{}$	0	0
	(9) Loans to participants: (A) Mortgages	(AXE)	00	0
	(B) Other	(9)(8)	0	
	(10) Other loans	(10)	0	
	(11) Value of interest in common/collective trusts	(11)	0	0
	(12) Value of interest in pooled separate accounts	(12)	0	
	(13) Value of interest in master trusts	(13)	•	<u> </u>
	(14) Value of interest in 103-12 investment entities	(14)	9	<u> </u>
	(15) Value of interest in registered investment companies	(15)	0	
	(15) Value of funds hold in insurance company general account (unallocated contracts)	(16)	0	0
	(17) Other	(17)	0	
_	(18) Total Add c(1) through c(17)	(18) d(1)		
ď	Employer-related investments: (1) Employer securities	(2)	0	
	Buildings and other property used in plan operation	\ <u>\</u>		
1	Total assets. Add a, b(6), c(18), d(1), d(2), and e	1		
•	Liabilities			
g	Benefit clarms payable	9	•	0
h	Operating payables	<u> </u>	0	
	Acquisition indebtedness	<del></del>	0	
J	Other liabilities	<del></del>	0	
K	Total liabilities. Add g through j	<u>k</u>	O C	0
1	Net Assets			

any trust(s) or separately maintained fund(s), and any payments/receipts to/from insurance carriers. Round off amounts the nearest dollar; any other amounts are subject to rejection. Income (b) Tame a Contributions: (1) Received or receivable from: (A) Employers (B) Participants (C) (C) Others (2)(2) Noncash contributions Total contributions. Add a(1)(A), (B), (C) and a(2) b Earnings on Investments: (1) Interest b(1XA (A) Interest-bearing cash (including money market funds). (B) Certificates of deposit . . . . (B)C (C) U.S. Government securities (D) (D) Corporate debt instruments (E) (E) Mortgage loans . . . . (F) Other loans . . (G) Other interest (H) Total interest. Add b(1)(A) through (G) (H) b(2)(A (2) Dividends: (A) Preferred stock . (B) Common stock . . . . . . . C (C) Total dividends. Add b(2)(A) and (B). (3) (4XA) Net gain (loss) on sale assets: (A) Aggregate proceeds (B) Aggregate carrying amount (see instructions) (C) Subtract (B) from (A) and enter result (5) Unrealized appreciation (depreciation) of assets . (6) Net investment gain (loss) from common/collective trusts (7) 0 Net investment gain (loss) from pooled separate accounts (7)(8) Net investment gain (loss) from master trusts . . . . (8) Net investment gain (loss) from 103-12 investment entities (101) Net investment gain (loss) from registered investment companies ٥ (d) d Total income. Add all amounts in column (b) and enter total Expenses Benefit payment and payments to provide benefits: 0(1) (1) Directly to participants or beneficiaries . . . . To insurance carriers for the provision of benefits. (3) (3) Total payments. Add e(1) through (3) . . . g. Administrative expenses; (1) Salaries and allowances g(1) (2) ٥ (3) Actuarial fees . . (3) (4) 0 Contract administrator less (4) (5) Investment advisory and management less (5) (6) (6) (7) (8) Trustees fees/expenses (including travel, seminars, meeting, etc.) (10)Total administrative expenses. Add g(1) through (9) . h Total expenses. Add e(4), f and g(10) I Net income (loss). Subtract h from d . Transfers to (from) the plan (see instructions) k Net assets at beginning of year (Item 34, line I, column (a)) I Net assets at end of year (Item 34, line I, column (b)) . No Did any employer sponsoring the plan pay any of the administrative expenses of the plan that Yes in line 35q?.

Plan income, expenses, and changes in net assets for the plan year. Include all income and expenses of the plan, including

#### SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service

Pension and Weffere Sensitis Administration

Pension Sensiti Guaranty Corporation

or the calendar year 1991 or fiscal plan year beginning

or Paperwork Reduction Act Notice, see page 1 of the instructions for Form 5500.

ame of plan sponsor as shown on line 1a of Form 5500

# Service Provider and Trustee Information

This schedule is required to be filed under section 104 of the Employee Retirement income Security Act of 1974.

▶ File as an attachment to Form 5500, Additional Schedules C (Form 5500) may be used, if needed, to provide additional information for Parts I, II, and/or III,

January 1

, 1991, and ending

CAL No. 13515E

OMB No. 1210-0016

1991

This Form Is Open to Public Inspection

Employer identification number

31 , 19 91

December

	SINCLAIR BRUADCA	SIGHU	UP, INC.					2 1494660	<u> </u>
ame of plan	SINCLAIR BROADCA	ST GRO	UP, INC.				Ente	r three-digit	
	401(K) PROFIT SHAR	ING PL	W					number >	0 0 1
Part III Se	rvice Provider Info	arm ett	on /eee ine	tauctionel					
-art. Fill Se	STAICE PIDAIGET TITL	J	OII (388 III3	arucuoris)					
1 Enter the	total dollar amount of	сотре	nsation paid	by the plan	to all persons rec	eiving less than			
	Company of the second		<u> </u>	-	<u> </u>		1		0.00
2			(b) Employer	(c) Official	(d) Retainens to employee	(e) Green salary		T) Fees and	(g) Nature of
_	(2) Name	1	identification number (50s	plan	DEBANIZATION, OF	or sile wences		musions paid	300 STATES
			instructions)	pesition	person known to be a sarty—in-interest	paid by plan	1	by plan	(meancheus)
1)				Contract administrator		0.00		0.00	12
2) PSA CAF	HTAL MANAGEMENT	52	1509035	INVESTMEN MANAGER	HOME	2.00			21
3)			ł		. •				
4)			1						
5)			1						
5)									
ת									
8)									
9)									
0)									
1)									Ī
2)							Ī		
3)									
4)									
5)									
6)									
ח .		1							
8)									
9)				<u> </u>					
0)			-	1					
1)									
2)									
3)						<del></del>			
4)						<del></del>			
5)						·			
5)						<b>,</b>			
ת מ				1					
5)				†		·			
9)		1	·· <del>-</del>	1		· · · · · · · · · · · · · · · · · · ·			
0)									
1)		1							
2)	<del></del>	<del>                                     </del>	· · · · · · · · · · · · · · · · · · ·						
3)		1	<del> </del>	1					<del></del>
4)				<del>                                     </del>					
5)		+			<del></del>				
5)		+		<del>                                     </del>	<del></del>	<del> </del>		<del></del>	
ກ	*_**	+	<del></del>	1	<del></del>				
		+							
3) <del>3</del> )		+							
)) )		+		+	<del></del>				
<u> </u>				<u> </u>					

Schedule C (Form 5500) 1981

Part II Trus	tee Information	Enter the space is	name and address required to supply	of all to this inform	ustees who served duri nation, attach additions	ng the plan year. If more is Schedules C (Form \$500).
	NCAN SMITH W. 41ST STREET BA	LTOMD	21211		DAVID D. SMITH 2000 W. 41ST STR	EET BALTO, MD 21211
·—·—	D B. AMY W. 41ST STREET BA	LTO MD	21211			
				1		•••••••••••
				l .		
				Name Address		
Part III Termi	nation information	on (see	instructions)			
i) Name	(P) EIN		(c) Postion	(	d) Address	(e) Telephone No.

Address			•••••••	Address						
			••••••		1					
					•					
					*					
Part III	Termination in	formation (see	instructions)							
(a) Name		(b) EIN	(c) Position		(d) Address	(e) Telephone No.				
•••••			**************							
			**************		***************************************					
•••••			****************							
(a) Name		(b) EIN	(c) Position		(d) Address	(e) Telephone No.				
		*								
		******								
(a) Name		(b) EIN	(c) Position		(d) Address	(e) Telephone No.				
(3) Explana	spor:									
		•••••••	•							
			•••••••							

## Form 5500 Department of the Treasury Internal Revenue Service

Desartment of Labor spen and Welfare Benefits Agministration

Pension Benefit Gueranty Corporation

#### Annual Return/Report of Employee Benefit Plan (With 100 or more participants)

This form is required to be filed under sections 104 and 4065 of the Employee Retirement income Security Act of 1974 and sections 60390, 6057(b), and 6054(a) of the internal Revenue Code, referred to as the Code. ► See separate instructions.

1992

OMB No. 1210-0016

This Form is Open to Public Inspection.

Fo	r the calendar plan year 1992 or flacal plan year beginning January		1 , 1992, 1	and end	ing C	)ecemb	er 31	, 191	72
A	If (1) through (4) do not apply to this year's return/report, leave the boxes unmarked. This return/report is:	For EP-	IRS Use Or	nly					
	(1) the first return/report filed for the plan; (3)		the final retu	m/repor	t Sed i	or the p	Han; or		<del></del>
	(2) an amended return/report (4)		a short plan					mont	hs).
	If the preprinted information in 1a through 6d is incorrect, please add it. Be sure to include this page with your complete	id r	eturn/repo	ort	•				•
8	IFYOU CORRECT ANY OF THE PREPRINTED INFORMATION OR ADD MISSING INFORMATION IN 141							-	=
C	If your plan year changed since the last return/report, check here.								
<u> </u>	If you filed for an extension of time to file this return/report, check here and attach a c	∞ру							· <u>L _</u>
18	Name and address of plan sponsor (employer, if for a single-employer plan) (address should include room or suite no.)		15 8	mployer	r identii	lcation i	number		
						94860			
	SINCLAIR BROADCAST GROUP, INC.		16 5	Sponsor:	s telepi	none nu	imper		
	2000 W. 41ST STREET		-		_	167-454			
	BALTIMORE MD 21211		14 8	Nanes	∞de (	see inst	ructions,	pege	23)
			<u> </u>		4830				<del></del>
			16 0	ZUSIP is	SUGF IN	ITIDE			
22	Name and address of plan administrator (if same as plan sponsor, enter "Same") SAME		225 A	Administr	ator's (	ımploye	r identific	ation	no.
			2c A	dministr	BOO'S D	elephon	e numbe	<u></u>	<del>;</del>
1	If you are filing this page without the preprinted historical plan information and the na	me.	address and	FIN of t	he oler	1 20002	or or ole		
,	administrator has changed since the last return/report filed for this plan, enter the info and complete 3c.	HTTE	ion from the	iest retu	иту гер	ort in 3a	and/or:	35	
4	Sponsor						numbe	k	
	Administrator								
¢	If 3a indicates a change in the sponsor's name, address and EIN, is this a change in	spon	sorship only	7 (See is	restructi	on 3c o	n p <b>age</b> 9	for th	•
	definition of sponsorship.) Enter "Yes" or "No."								
_	ENTITY CODE (If not shown, enter the applicable code from page 9 of the instruction	ns.)	<u> </u>						
5 <b>a</b>	Name of plan ► SINCLAIR BROADCAST GROUP, INC. 401(K) PROFIT SHARING PLAN	. <b></b> .	50 E	flective (		plan (m  /01/88	10., day,	yr.) ——	
_				hree-dig					
	All filers must complete 6a through 6d, as applicable.		7	lan num	DOY D	_001			
2	☐ Welfare benefit plan b ☑ Pension benefit plan		2	<del>}</del>		+	$\vdash \vdash$	-	{
	(If the correct codes are not preprinted below, enter the applicable codes from page 9	9	LL	i_					
	and 10 of the instructions in the boxes.)								
c	Pension plan features. (If the correct codes are not preprinted below, enter the applications of the correct codes are not preprinted below, enter the applications of the correct codes are not preprinted below.	ماره				<del></del>		<del></del> -	
•	pension plan feature codes from page 10 of the instructions in the boxes.)		G						
	herman him registra de and month hade in on the unstanding at the deveal.								
đ	Fringe benefit plan. Attach Schedule F (Form 5500), See instructions.	_							
Ca	ution: A penalty for the late or incomplete filing of this return/report will be assessed un	Yes	eldanoesen	Cause 18	establi	shed.			
	Under poncities of perjury and other poncibes say forth in the instructions, I declare that I have i	-	ned this return	n/1000/L	netu ding	MCC0 #94	inying sch	dules	end .
	emonts, and to the best of my knewledge and beint, it is true, perfect, angicemplets.				600	- 11	13/4	٤.	
•	e or annt name of individual seguing for epipleyer/plan spender					-			
Sigr	s or print name of individual signing for plan administrator		•••••		/ Date	<b>&gt;</b>	113/	ب برہ	/ 
	Paperwork Reduction Act Notice, see page 1 of the instructions.		Ma. 13500F				form		 102
		_					ee		

60	Check all applicable investment arrangements below (see instructions)			
	(1) Messer Trust (2) 103-12 inve			•
	(3) Common/collective trust (4) Pooled sepa	Iraie account		
				*********
			******	
	Single-employer plans enter the tax year end of the employer in which		Day_	31 Year 92
9	is any part of this plan funded by an insurance contact described in Co	de section 412(i)		🔲 Yes 🗵 No
h	If 6g is "Yes", was the part subject to the minimum funding standards for	or either of the prior two plan years?.		Yes No
7	Number of participants as of the end of the plan year (welfare plans co			
8	Active participants: (1) Number fully vested	<u>a(1)</u> 71		
	(2) Number partially vested			
	(3) Number nonvested			<b>明明</b> 的1944年
	(4) Total		3(4)	167
þ	Retired or separated participants receiving benefits		ь	0
c	Retired or separated participants entitled to future benefits		·	35
đ	Subtotal (add 7a(4), 7b, and 7e)		4	202
•	Deceased participants whose beneficiaries are receiving or are entitled	to receive benefits	-	0
t	Total (add 7d and 7e)		1	202
9	Number of participants with account balances (Defined benefit plans do	not complete this line item.)	ا و ا	202
h	Number of participant(s) that terminated employment during the plan ye	ar with accrued benefits that were less		
	than 100% vested		h	20
1	(1) Was any participant(s) separated from service with a deferred	vested benefit for which a Schedule	SSA	Yes No
	(Form 5500) is required to be attached? (See instructions.)			Harmania Barrania incamania
	(2) If "Yes," enter the number of separated participants required to	be reported > 1		
84	Was this plan ever amended since its effective date? If "Yes," complete	<b>85</b>		Real Property of the Control of the
	If the amendment was adopted in this plan year, complete 8c through 8	_ 19 71		
Þ	if &a is "Yes," enter the date the most recent amendment was adopte	Month 12 Day 31 Year		
c	Did any amendment during the current plan year result in the retroactive	reduction of accrued benefits for any par	ticipan	
đ	During this plan year did any amendment change the information con	tained in the latest summary plan descript	ons or	1 . 1 .
	summary description of modifications available at the time of amendment			d NA
	If 8d is "Yes," has a summary plan description or summary description of	•	dment	1 - 1 - 1
	terred to in \$d been both furnished to participants and filed with the Dep		<del></del>	NA NA
9-2	Was this plan terminated during this plan year or any prior plan y	/ear? If "Yes," enter the year >		110 Bar Barne General
þ	Were all the plan assets either distributed to participants or beneficiaries	, transferred to another plan, or brought u	nder	
	the control of PBGC7	· · · · · · · · · · · · · · · · · · ·	• •	
	Was a resolution to terminate this plan adopted during this plan year or		• •	0 7
	If 9s or 9c is "Yes," have you received a favorable determination letter	from IRS for the termination?		d NA
	If 9d is "No," has a determination letter been requested from the IRS7.			• NA
1	If 9a or 9c is "Yes," have participants and beneficianes been notified (	of the termination or the proposed termin	ation?	Charles before levelses
9	If 9a is "Yes" and the plan is covered by PBGC, is the plan continuing to	• • • • • • • • • • • • • • • • • • • •	तर्थ	
	the end of the plan year in which assets are distributed or brought unde			9 1
	During this plan year, did any trust assets revert to the employer for whit		due?	
-1	If 9h is "Yes," enter the amount of tax paid with your Form 5330	-		manera mener result.
Ca <sub>B</sub>	In this plan year, was this plan marged or consolidated into another plan			
	plan(s)? If "Yes," complete 10b through 10s, and see the instructions to		- 1	
	If "Yes," identify other plan(s)	e Employer identification number(s)	٩	Plan number(s)
Þ	Name of plan(s)			
_	If required, has a Form 5310-A been filed?	<del></del>		Yes No
	Enter the plan funding arrangement code from page 12 of the	12 Enter the plan benefit arrangement of		
• •	instructions	the instructions > 4	VVE HO	William Yes No
120		<u> </u>		13a ,
	Is this a plan established or maintained pursuant to one or more collective to the appropriate the second state of the second	• • •		
Ð	If 13a is "Yes," enter the appropriate six-digit LM number(s) of the sponi	ioring labor organization(s) (see instruction (3)	M).	
14	If any benefits are provided by an insurance company, insurance service		of	
. •	Schedules A (Form 5500), Insurance Information, attached, if none, e		• .	
				<del></del>

4	nr. 5500 (1992) https: Plans Do Not Complete Items 15 Through 24. Go To Item 25.			· · · · · · · · · · · · · · · · · · ·		P	200
	a if this is a defined benefit plan subject to the minimum funding standards for this	plan was in	. Sab	edde B. /Farressan	$\top$	Yes	No
	required to be attached? (If this is a defined contribution plan leave blank.) .				154		
Þ	If this is a defined contribution plan (i.e., money purchase, or target benefit), is it set to waiver was granted, see instructions.) (If this is a defined benefit plan leave to the plan is a defined benefit plan leave to the plan is a defined benefit plan leave to the plan is a defined benefit plan leave to the plan is a defined benefit plan leave to the plan is a defined benefit plan it a defined ben		minim	um funding standards	? 5	i dina	
	If "Yes," complete (1), (2), and (3) below:						
	(1) Amount of employer contribution required for the plan year under Code se	ection 412	<b>b</b> (1)	\$	. 9	陆	
	(2) Amount of contribution paid by the employer for the plan year		<b>b(2)</b>	\$	13		
	Enter date of last payment by employer > Month Day	Year					
	(3) If (1) is greater than (2), subtract (2) from (1) and enter the funding deficient otherwise, enter -0 (If you have a funding deficiency, file Form 5330.)	ncy here;	<b>b(3)</b>		1.5	闘	
16	Has the annual compensation of each participant taken into account under the cur	ment plan yei	ar beer	Frided to \$228,860?	16	X	
178	(1) Did the plan distribute any annuity contracts this year? (See instructions.) .				a(1)		I
	(2) If (1) is "Yes," did these contracts contain a requirement that the spouse contract are made in a form other than a qualified joint and survivo			tributions under	a(2)	N	A
Þ	Did the plan make distributions to participants or spouses in a form other than a of the annuity if a single person) or a qualified preretrement survivor annuity (ex	qualified join	M and				
c	Did the plan make distributions or loans to married participants and benefic			•	5	4.54	
	of the participant's spouse?		• •		C metabasi	in tade	X Intimuted
<b>d</b>	Upon plan amendment or termination, do the accrued benefits of every participant that the participant may become entitled to receive subsequent to the plan am				d	X	<b>明</b> 知: "."
18	Were distributions, if any, made in accordance with the requirements under Code	sections 411	(4)(11)	and 417(e)?	18	X	
19	Have any contributions been made or benefits accrued in excess of the Co by the Tax Reform Act of 1986?	ode section	415 E	mits, as amended	19		I.
20	Has the plan made the required distributions in 1992 under Code section 401(a)(9)	7 (See instru	ctions	)	20	N	Ā
21	Check if you are applying either of the following in completing items 21a through 2	tto (see ins	tructio	ns):	7		2
	(i) I Reasonable, good faith interpretation of the nondiscrimination provisions.	<b>L</b>			1		1.1
	(i) Substantiation guidefines.						
	If you checked 21(8), onter the first day of the plan year for which data is being submitted. > Mo	nsh	Day	Year	1		
2	Does the employer apply the separate line of business rules of Code section 414(r) and discrimination tests of Code sections 410(b) and 401(a)(4)?	when testing	g this p	ian for the coverage	212		
Þ	If 21a is "Yes," enter the total number of separate lines of business claimed by if if more than one separate line of business, see instructions for additional information		· • · · ·	•••••		- 14 - 14	
c	Does the employer apply the mandatory disaggregation rules under income 1		ons sec	zion 1.410(b)-7(c)? .	c	X	
	If "Yes," see instructions for additional information to attach.	•			4	蠿	
đ	In testing whether this plan satisfies the coverage and discrimination tests 401(s), does the employer aggregate plans?	of Code	sectio	ns 410(b) and	4		I I
_	Does the employer restructure the plan into component plans to satisfy	· · · ·		and discrimination	1.1		
•	tests of Code sections 410(b) and 401(a)(4)?				•		1
f	If you meet either of the following exceptions, check the applicable box meet and do NOT complete the rest of question 21:	to tellius v	which	exception you			
	(1) No highly compensated employee benefited under the plan at any time du	uring the plar	n year;				
	(2) This is a collectively bargained plan that benefits only colletively bargained of whom are professional employees.	з етрюувая,	no mo	ore than 2%			HE HE
g	Did any leased employee perform services for the employer at any time during the p	plan year?.			9		x
-	Enter the total number of employees of the employer. Employer includes entitle		d with	the employer under		Numi	ber
	Code section 414(b), (c), or (m), include lessed employees and self-employed indi				h	19	¶
1	Enter the total number of employees excludable because of; (1) failure to meet requ	irements for	minim	um age and			
	years of service; (2) collectively bargained employees; (3) nonresident aliens who re	oceive no eer	ned in	come from U.S.			
	sources; and (4) minimum hours of service/lest day rule		• •		++	<u>21</u>	
	Enter the number of nonexcludable employees (subtract line 21i from line 21h) .  Do 100 % of the nonexcludable employees entered on line 21j benefit under the		• •	□ Yes □ No	1		
	If line 21k is "Yee," do NOT complete lines 21l through 21s.	•					
	Enter the number of nonexcludable employees (line 21)) who are highly compensate.				78		
	Enter the number of nonexcludable employees (line 21)) who benefit under the plan Enter the number of employees entered on line 21m who are highly compensated e		• •		8		<del></del>
	This plan satisfies the coverage requirements on the basis of (check one):	- <del>4~y==</del> .		_			
	(1) The average benefits test (2) The ratio percentage test—Ent	ter value. >.					
					<del></del>		

#### FORM 5500 (1992)

#### Attachment to Q.21(a-o)

Plan Name: SINCLAIR BROADCAST GROUP, INC. 401(K) PROFIT SHARING PLAN

: 52-1494660/001 EIN/PN

Froup Name: SINCLAIR BROADCAST GROUP, INC. 401K - DEFFERAL

				T
-		incole.	Yes histrac	No
	Check if you are applying either of the following in completing items 21a through 21e (see instructions):			
	(i) Reasonable, good faith interpretation of the nondescrimination provisions.			
	(ii) Substantiation guidelines.			
	If you checked 21(ff), enter the first day of the plan year for which data is being submitted. Month			
•	and discrimination tests of Code sections 410(b) and 401(a)(4)?	218		×
b	of 21a is "Yes," enter the total number of separate lines of business claimed by the employer			
	If more than one separate line of business, see instructions for additional information to attach.			
¢	: Does the employer apply the mandatory disaggregation rules under income Tax Regulations section 1.410(b)-7(c)?	etieneitz):	X Mitmilite	hareman.
	If "Yes," see instructions for additional information to attach.			(Majori) Vigorij
1	I in testing whether this plan satisfies the coverage and discrimination tests of Code sections 410(b) and 401(a), does the			
	employer aggregate plans?	4		
•	Does the employer restructure the plan into component plans to satisfy the coverage and discrimination tests of Code sections 410(b) and 401(a)(4)?			X
	If you meet either of the following exceptions, check the applicable box to tell us which exception you meet and do	Main tra		
	NOT complete the rest of question 21:			
	(1) No highly compensated employee benefited under the plan at any time during the plan year;		J	
	(2) This is a collectively bargained plan that benefits only collectively bargained employees, no more than 2%			
	of whom are professional employees.			ratification.
ì	Did any leased employee perform services for the employer at any time during the plan year?	Minerii:	Moore	X
1	Enter the total number of employees of the employer. Employer includes entitles aggregated with the employer under		Num	
	Code section 414(b), (c), or (m). Include leased employees and self-employed individuals.	h Hanete	Chiminini.	
	Enter the total number of employees excludable because of: (1) failure to meet requirements for minimum age and years			
	of service; (2) collectively bargained employees; (3) nonresident aliens who receive no earned income from U.S. sources; and (4) minimum hours of service/lest day rule	Balleton.	21	بينانين ا
	Enter the number of nonexcludable employees (subtract line 21) from line 21h)		16	
	Do 100 percent of the nonexcludable employees entered on line 21) benefit under the pien?			
	If fine 21k is "Yes," do NOT complete lines 21l through 21s.			
	Enter the number of nonexcludable employees (line 21) who are highly compensated employees			
	Enter the number of nonexcludable employees (line 21)) who benefit under the plan.			
	Enter the number of employees entered on line 21th who are highly compensated employees	n Sanggarit	. Indiana	g patronal
	This plan satisfies the coverage requirements on the basis of (check one);  (1) The average benefits test  (2) The ratio percentage test—Enter value >	1. 平道:		
	(1) [ ] the same de conduction [ (c) [ ] the (see her cauche ass One same b	SHEET STATES	A	

#### FORM 5500 (1992)

#### Attachment to Q.21(a-o)

Plan Name : SINCLAIR BROADCAST GROUP, INC. 401(K) PROFIT SHARING PLAN

EIN/PN : 52-1494660/001

Group Name: SINCLAIR BROADCAST GROUP, INC. 401K - MATCH

		ſ	Yes	No
21	Check if you are applying either of the following in completing items 21s through 21e (see instructions):  (i)   Reasonable, good faith interpretation of the nondescrimination provisions.  (ii)  Substantiation guidelines.			
	If you checked 216f), enter the first day of the plan year for which data is being submitted. ➤ MORTH	21a		
b	If '21a is "Yes," enter the total number of separate lines of business claimed by the employer			
c	Does the employer apply the mandatory disaggregation rules under Income Tax Regulations section 1.410(b)-7(c)? If "Yee," see instructions for additional information to attach.	•		
d	In testing whether this plan satisfies the coverage and discrimination tests of Code sections 410(b) and 401(a), does the employer aggregate plans?	d		
•	Does the employer restructure the plan into component plans to satisfy the coverage and discrimination tests of Code sections 410(b) and 401(a)(4)?	•		<u> </u>
1	If you meet either of the following exceptions, check the applicable box to tell us which exception you meet and do NOT complete the rest of question 21:			
	<ul> <li>(1)  No highly compensated employee benefited under the plan at any time during the plan year;</li> <li>(2)  This is a collectively bargained plan that benefits only collectively bargained employees, no more than 2% of whom are professional employees.</li> </ul>			
9	Did any leased employee perform services for the employer at any time during the plan year?	9		<u> </u>
ħ	Enter the total number of employees of the employer. Employer includes entities aggregated with the employer under Code section 414(b), (c), or (m). Include leased employees and self-employed individuals.	h	Numb 191	
ı	Enter the total number of employees excludable because of: (1) failure to meet requirements for minimum age and years of service; (2) collectively bargained employees; (3) nonresident aliens who receive no earned income from U.S. sources; and (4) minimum hours of service/fast day rule		28	
1	Enter the number of nonexcludable employees (subtract line 21i from line 21h)		165	Consta
k	Do 100 percent of the nonexcludable employees entered on line 21j benefit under the plan?			
ı	Enter the number of nonexcludable employees (line 21)) who are highly compensated employees	┝┷┼		<u> </u>
	Enter the number of nonexcludable employees (line 21)) who benefit under the plan.	<u></u>	_	
	Enter the number of employees entered on line 21m who are highly compensated employees	P .		
9	This plan satisfies the coverage requirements on the basis of (check one):		are set	ferbar 1985

		1	Yes	No	
222	is it or was it ever intended that this plan qualify under Code section 401(a)? If "Yes," complete 22b and 22e	224	X		
Þ	Enter the date of the most recent IRS determination letter Month Year				
	is a determination letter request pending with IRS7			=	
234	Does the plan hold any assets that have a fair market value that is not readily determinable on an established market?	Trans.			
	(N "Yes," answer 23b)	234	2	<del>                                     </del>	
ь	Were all the assets referred to in 23a valued during the 1992 plan year by an independent third-party appraiser?		100.00	X	
c	If 236 is "No," enter the value of the assets that were not valued by an independent third-party appraiser during the				
	1992 plan year.	No.	I) Intercepts		
đ	Enter the date the assets in 23c were valued by an independent third-party appraiser. (If more than one date, enter the	4	挑		
	earliest date.) >			Hart No.	
	(If this plan does not have ESOP features leave 23e blank and go to item 24.)		7	DF 6	
•	If dividends paid on employer securities held by the ESOP were used to make payments				
	on ESOP loans, enter the amount of the dividends used to make the payments		144	M HE	
24	Does the employer/sponeor listed in 1a of this form maintain other qualified pension benefit plans?	24	dia.	a control is	
	If "Yes," enter the total number of plans, including this plan ▶				
<b>25a</b>	ble mily person with interest of the plant court and only or that only of the				
	the plan during the plan year (except for employees of the plan who were paid less than \$1,000 in each month)?	254	de Paul Sida:	X	
	If "Yes," complete Part I of Schedule C (Form 5500).	113		intitle (1)	
Þ	Did the plan have any trustees who must be fisted in Part II of Schedule C (Form 5500)?	┝┻┤		<del></del>	
C	Has there been a termination in the appointment of any person fisted in 25d below?	2	199		
4	If 25c is "Yea," check the appropriate box(es), answer 25e and 25f, and complete Part III of Schedule C (Form 5500);  (1) Accountant (2) Enrolled actuary (3) Insurance carrier (4) Custodian				
	(5) Administrator (6) Investment manager (7) Trustee		4	11.5	
_	Have there been any outstanding material disputes or matters of disagreement concerning the above termination?		N	A	
•	If an accountant or enrolled actuary has been terminated during the plan year, has the terminated				
•	accountant/actuary been provided a copy of the explanation required by Part III of Schedule C (Form 5500)				
	with a notice advising them of their opportunity to submit comments on the explanation directly to DOL?		N	'A	
g	Enter the number of Schedules C (Form 5500) that are attached. If none, enter -0- ≥ 1		1		
68	is this plan exempt from the requirement to engage an independent qualified public accountant? (see instructions)	264		x	
ь	If 26a is "No," attach the accountant's opinion to this return/report and check the appropriate box. This opinion is:				
	(1) I Unqualified				
	(2) Qualified/disclaimer per Department of Labor Regulations 29 CFR 2520.103-8 and/or 2520.103-12(d)				
	(3) Qualified/disclaimer other (4) Adverse (5) Other (explain)		e de		
c	If 268 is "Ne," does the accountant's report, including the financial statements and/or notes required to be attached to this return/report			djelari	
	discusse (1) errors or irregularities; (2) illegalacts; (3) material internal control weaknesses; (4) a loss contingency indicating that assets are impaired or a Satellity incurred; (5) significant real cetate or other transactions in which the plan and (A) the seesser, (8)			2011	
	the plan administrator, (C) the employer(s), or (D) the employee organization(s) jointly involved; (E) that the plan has paracipated			ath the	
	in any related party transactions; or (7) any unusual of infrequent events of transactions occurring subsequent to the plan year and				
đ	that might agenticantly affect the usefulness of the financial statements in assessing the plan's present or future ability to pay benefits?  If 26c is "Yes," provide the total amount involved in such disclosure is				
	If 25a is "No," complete the following questions. (You may NOT use "N/A" in response to item 27);		600		
•	If 27s, 27c, 27d, 27e, or 27f is checked "Yes," schedules of these items in the format set forth in the instructions		議		
	are required to be attached to this return/report. Schedule G (Form: 5500) may be used as specified in the instructions.			in the second	
	During the plan year:			4	
1	Did the plan have assets held for investment?	27a	·		
Þ	ware any para by the plan or loved account condensors one the plan in ceratic as of the close of the plan.				
c	year or classified during the year as uncollectible?	•	$\dashv$	X	
d	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets?	d	7		
•	Do the notes to the financial statements accompanying the accountant's opinion disclose any nonexempt				
•	transactions with parties-in-interest?	7	-	<u> </u>	
ď	Did the plan hold qualifying employer securities that are not publicly traded?	g	$\dashv$		
	an unrelated third party within 3 months prior to their receipt?	h		X.	
-	Did any person manage plan assets who had a financial interest worth more than 10% in any party providing services to the plan or receive anything of value from any party providing services to the plan?	1	enteri.		<u>-</u>
	· · · · · · · · · · · · · · · · · · ·			_	

Form 5500 (1992)

Form 5500 (1992)						Ρ	ege 5
28 Did the plan acquire individus	al whole life insurance contracts duri	ng the plan year? .		<u></u> .	. 28	_	No
29 During the plan year:							37.
a (1) Was this plan covered by	a fidelity bond? If "Yes," complete 2	9a(2) and 29a(3) .			290(1)	1	
(2) Enter amount of bond	<b>&gt; \$</b>				.		
(3) Enter the name of the	surety company AEDIA.C	Pasualty & Surett	.co		. E.		
b (1) Was there any loss to the (2) If 29b(1) is "Yes," enter	plan, whether or not reimbursed, or amount of loss > \$	aused by fraud or di	shonesty	1	. <b>b</b> (1)	iki Teu	1
30a is the plan covered under the	Pension Benefit Guaranty Corporati	on termination insuran	ce progr	ern?			<del></del>
Yes X No	☐ Not determined		. •				
<del>-</del>	ned," enter the employer identificatio	n number and the plai	numbe	r used to identify it.			
Employer identification numb		Plan number					
one trust. Allocate the value of unless the trust meets one of t contract which guarantees, du	nd liabilities at the beginning and en if the plan's interest in a commingled the specific exceptions described in uring this plan year, to pay a specific lect to rejection. Plans with no asset	trust containing the as the instructions. Do no dollar benefit at a futur	sets of n t enter ti re date. I	nore than one plan on ne value of that portion Round off amounts to	a line-by-i of an insu of the near	ine be rance est doi	ais Lar;
	Assets			(a) Beginning of year			
a Total noninterest-bearing cash					1 -,	0	
b Receivables: (1) Employer of			5(1)				
(2) Participant contributions			(3)				
(3) Income			(3)	0		0	
(4) Other			(9)	•		•	
(5) Less allowance for doub			(5)			0	
(6) Total Add b(1) through (			(5)				<b>2</b>
	rest-bearing cash (including mone	y market funds) .	<b>a1)</b>				<u> </u>
(2) Certificates of deposit			(3)	•	ļ	0	
(3) U.S. Government securit	ies		(3)		1		2_
(4) Corporate debt instrum	ents (A) Preferred		(4)(A)	•		0_	
(B) All other			(4)(5)				
(5) Corporate stocks: (A) F	Preferred		(5)(A)			•	
(8) Common			(5)(5)				
(6) Partnership/joint venture			(6)			_	<b>L</b>
(7) Real estate: (A) Income		• • • • • •	(D(A)		<del> </del>	0	<del></del>
(B) Nonincome-producir	•	· · · · · · · · · · · · · · · · · · ·	(8)(A)		<del>                                     </del>	0	<del></del>
• • •	participants) secured by mortgages	r (A) Nemoentes .	(9)(2)	<u> </u>		<del></del>	<del></del>
(B) Commercial (9) Loans to participants: (A	N Mortgages	• • • • • •	(9XA)	•		•	
(9) Loans to participants: (A			(9)(B)				
• •			(10)	0		0	
(11) Value of interest in con			(11)			0	
(12) Value of interest in pool			(12)	•		0	
(13) Value of Interest in mas	•		(13)	•	L	0	
(14) Value of interest in 103-	-12 investment emittes		(14)			0	
(15) Value of interest in regi	istered investment companies		(15)			0	
(16) Value of funds held in ins	surance company general account (u	inalocated contracts)		•		0	<del>_</del>
(17) Other ▶			(17)	. 0		0	
	(17)	. ,	(18)				<b>Z</b>
d Employer-related investments:	• • •		व्या)			<u>•</u>	
(2) Employer real property .			(2)	6		0	
e Buildings and other property			•				
f Total 233613. Add a, b(6), c(18)	), d(1), d(2), and e					Nine.	
g Benefit claims payable			q P	0		0	
h Operating payables			h	0		0	
Acquisition indebtedness	, <b></b>		1			0	
Other Sabilities				•		•	
k Total labilities. Add g through	1		k	•		0	-
•	- Net Assets		-				ALT

any trust(s) or separately maintained fund(s), and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar; any other amounts are subject to rejection. income (2) Assum (b) Tem a Contributions: (1) Received or receivable from: K1XA (A) Employers . . . . . (B) Participants . (0) (C) Others (2) (2) Noncash contributions (3) Total contributions. Add a(1)(A), (B), (C) and a(2) b Earnings on investments: (1) Interest (A) Interest-bearing cash (including money market funds) . . MIKA (B) Cartificates of deposit . . . . (C) U.S. Government securities (0) (D) Corporate debt instruments (E) ٥ (E) Mortgage loans . . . (F) Other loans . . (C) (G) Other interest . (H) Total interest. Add b(1)(A) through (G) (H) b/2YA (2) Dividends: (A) Preferred stock . . . . (B) Common stock . . . . . . . (8) (C) Total dividends. Add b(2)(A) and (B). . (3) (4) Net gain (loss) on sale assets: (A) Aggregate proceeds (4XA (B) Aggregate carrying amount (see instructions) **(B)** (C) Subtract (B) from (A) and enter result (0) (5) Unrealized appreciation (depreciation) of assets . Net investment gain (loss) from common/collective trusts (6) Net investment gain (loss) from pooled separate accounts (7) 6 B Net investment gain (loss) from master trusts . . . . (8) (8) Net investment gain (loss) from 103-12 investment entities . (9) (10) Net investment gain (loss) from registered investment companies (10) ø d. Total income. Add all amounts in column (b) and enter total . Expenses Benefit payment and payments to provide benefits: (1) Directly to participants or beneficiaries . . . . 411 To insurance carriers for the provision of benefits. (2) (3) (4) Total payments. Add e(1) through (3) . (4) f Interest expense . . . . . . . . . g. Administrative expenses: (1) Salaries and allowances 9(1) Accounting less (2) (2) (3) Actuarist faces Contract administrator less Investment advisory and management fees (2) (5) (6) (6) Valuation/appraisal fees . Trustees less/expenses (including travel, seminars, meeting, etc.) (3) (10) Total administrative expenses. Add g(1) through (9) . h Total expenses. Add e(4), f and g(10) . . . Net income (loss). Subtract h from d . . . Transfers to (from) the plan (see instructions) . Net assets at beginning of year (Item 31, line i, column (a)) Net assets at end of year (Item 31, line i, column (b)) 13 Did any employer sponsoring the plan pay any of the administrative expenses of the plan that were not reported in line 32g7

# SCHEDULE C (Form 5500)

Desartment of the Treasury Internal Revenue Service

Department of Labor

anaion and Welfare Bonefits Administration

Pension and Walters Benefits Administration
Pension Benefit Guaranty Carperation

For the calendar year 1992 or fecal plan year beginning

or Paperwork Reduction Act Notice, see page 1 of the Instructions for Form SECS.

#### Service Provider and Trustee Information

This schedule is required to be filed under section 104 of the Employee Retirement income Security Act of 1974.

File as an attachment to Form 5500.
Additional Schedules C (Form 5500) may be used, if needed, to provide additional information for Parts I, II, and/or III.

1 , 1992, and ending

January

OMB No. 1210-0016 1992

This Form is Open to Public

31 , 19 92

Inspection

December

Name of plan sponsor as shown on line to of Form 5500 Employer Identification number SINCLAIR BROADCAST GROUP, INC. 52 1494660 SINCLAIR BROADCAST GROUP, INC. Name of plan Enter three-digit 401(K) PROFIT SHARING PLAN 0 0 1 plan number ▶ Part I Service Provider Information (see instructions) 1 Enter the total dollar amount of compensation paid by the plan to all persons receiving less than \$5,000 during the plan year 0.00 (d) Rommonehie to (D) Employer 2 to engan (D) (c) Official (0) Gress subry (f) Fores and ABIOYOR, AMOUNTO (2) Name dentification wes code معاد SHORE SAID number (see pearties (see said by size rees known to be by start instructions) HOME (1) INVESTMENT MANAGER 0.00 0.00 12 NONE (2) PSA CAPITAL MANAGEMENT 52 1569935 0.00 21 (3) (4) (5) (5) (7) (8) (9) (10) (11)(12)(13)(14)(15)(16)(17) (18) (19) (20) (21) (22) (23) (24)(25)(26) (27) (28) 29) 30) 31) 32) 33) 341 35) 36) 37) 38) 39) 40)

Schedule C (Form 5500) 1992

Cal. No. 13515E

Part III Trustee Information space is required to supply this information, at Name J. DUNCAN SMITH Name DAVI	Page perved during the plan year. If more
Name J. DUNCAN SMITH Name DAVI	ach additional Schedules C (Form 5500).
Address 2000 W, 41st STREET BALTO, MD, 21211 Address 2000	W. 41st STREET BALTO, MD 21211
Name DAVID B. AMY Name	
	•••••••••••••••••••••••••••••••••••••••
ADDIES	
Name Name	
	***************************************
Address	***************************************
Name	
Name	
AddressAddress	•••••••••••••••••••••••••••••••••••••••
Name Name	***************************************
Part III Termination Information (see instructions)	
(a) Name (b) EIN (c) Position (d) Addres	(e) Telephone No.
(1) Explanation:	
(1) Explanation:	
(1) Explanation:	
(a) Name (b) EIN (c) Position (d) Address	
(a) Name (b) EIN (c) Position (d) Address	
(a) Name (b) EIN (c) Position (d) Address	
(a) Name (b) EIN (c) Position (d) Address	
(a) Name (b) EIN (c) Position (d) Address	
(a) Name (b) EIN (c) Position (d) Address	
(a) Name (b) EIN (c) Position (d) Address	
(a) Name (b) EIN (c) Position (d) Address (2) Explanation:	(a) Telephone No.
(a) Name (b) EIN (c) Position (d) Address	(a) Telephone No.
(a) Name (b) EIN (c) Position (d) Address (2) Explanation:	(a) Telephone No.
(a) Name (b) EIN (c) Position (d) Address (2) Explanation:	(a) Telephone No.
(a) Name (b) EIN (c) Position (d) Address (2) Explanation: (a) Name (b) EIN (c) Position (d) Address	(a) Telephone No.

#### SCHEDULE G (Form 5500)

Department of the Treasury internal Revenue Service

Department of Labor
Pension and Wellare Benefits Administration

#### Financial Schedules

Schedule G may be filed as an attachment to the 1992 Annual Return/Report Form 5500. See the instructions to Item 27 of the Form 5500. This Schedule will be required to be filed for plans answering "Yes" to Items 27s through 27f on the 1993 form 5500 under Section 104 of the Employee Retrement Income Security Act of 1974, referred to as ERISA.

► Attach to Form 5500.

OMB No. 1210-0016

1992

This Form is Open to Public Inspection

January I For calendar plan year 1992 or fiscal plan year beginning , 1992, and ending December 31 , 1992 Employer Identification number 32 | 1494660 Name of plan sponsor as shown on line 1a of Form 5500 Sinclair Broadcast Group, Inc. Name of plan Enter three-digit Sinclair Broadcast Group, Inc. 401(k) Profit Sharing Plan plan number Part I Schedule of Assets Held for Investment Purposes-See Form 5500 Item 27a. (c) **(b)** (**d**) **(e)** (2) seemption of investment including maturity date, rate of interest, collectoral, par, or maturity value Cest Identity of issue, borrower, lesser, or similar party Current value RELL SOUTH CORP 600 SHS COMMON STOCK GENERAL ELECTRIC CO. 700 SHS COMMON STOCK GENERAL MILLS 800 SHS COMMON STOCK INTL BUSINESS MACHINES SOO SHS COMMON STOCK JOHNSON & JOHNSON, INC. 800 SHS COMMON STOCK 100 SHS COMMON STOCK J. P. MORGAN CO, INC. PACIFIC TELESIS GROUP 1000 SHS COMMON STOCK 1000 SHS COMMON STOCK PROCTOR & GAMBLE SEARS ROEBUCK & CO 700 SHS COMMON STOCK UPJOHN COMPANY 200 SHS COMMON STOCK RUR MARISCO 10000-9.25% NOTES DUE \$/1/8\$ US TREASURY NOTES 5,750% DUE 10/31/97 - \$40000 US TREASURY NOTES 6.875% DUE 2/15/84 - \$20000 US TREASURY NOTES 7.000% DUE 5/15/94 - \$25000 US TREASURY NOTES 7.125% DUE 10/15/88 - \$25000 US TREASURY NOTES 7.250% DUE 11/15/96 - \$40000 US TREASURY NOTES 8.625% DUE 10/15/85 - \$20000 US TREASURY NOTES L825% DUE 5/15/83 - \$20000 US TREASURY NOTES 1.375% DUE 7/15/99 - \$40000 US TREASURY NOTES 4.375% DUE 8/15/02 - \$40000 US TREASURY NOTES 7.500% DUE 11/15/01 - \$25000 CHL INCOME FUND LTD 10 UNITS LIMITED PARTNERSHIP COWEN STANDBY RESERVE FUND MONEY MARKET FUND

For Paperwork Reduction Act Notice, see the instructions for Form 5500.

Schedule G (Form 5500) 1992

i de la companya del companya de la companya del companya de la companya del companya de la companya de la companya de la companya del companya de la companya del la companya

CAL No. 14738A

Part II	Schedule of Assets Held for Investment Purposes Which Were Both Acquired	And Disposed of Wit	hin
	The Plan Year-See Form 5500 Item 27a.		

(2) leanuty of issue, borrower, leason, or similar party	Description of investment including maturity date, rate of interest, appeared, per or maturity value	(C) Costs of Acquisitions	(d)
us treasury notes	8.625% 3/19/92		
			<u> </u>
		···	

Part III Schedule of Loans or Fixed Income Obligations-See Form 5500 Item 27b

	<b>(</b> b)	(c)		it received eporting year	m	(g) Detailed description of lean including	Amount	)versue
(a)	ldentity and address ef obliger	Original amount of loan	(d) Processi	(e) Interest	Unpaid balance at and of year	dated of making and maturity, interest rate, the type and value of collateral, any renegotiation of the lean and the terms of the renegotiation and other material items	(h) Princeal	(T) Interest
$\dashv$	·							
							·	
_	· · · · · · · · · · · · · · · · · · ·				<del>                                     </del>			
$\dashv$								
-								
-+								
1								
_								
$\dashv$								
$\dashv$					-			
$\dashv$					1			<u></u>
_							_	ļ
-+								
$\dashv$				 	<del> </del>			
$\dashv$								

### Part IV Schedule of Leases in Default or Classified as Uncollectible-See Form 5500 item 27c.

(a)	(b) Identity of Idenser/Idense	(G) Relationship to plan, employer, employer, employer erganization, or ether party-in-interest	(d) Terms and describten (type of preperty, lecation and date it was purchased, terms reparding rent, taxes, insurance, repairs, expenses, renewal estions, date property was leased)	(e) Original cest	(f) Current value at time of lease	(g) Gress rental receipts suring the plan year	(h) Expenses pard during the plan year	(T) Mat rocom us	(I) Amount in arroars
				<del>                                     </del>					
				<del> </del>					
				<del>                                     </del>					
				ļ					
					_				
_									
-								·	
									<del></del>
$\dashv$									

#### Part V Schedule of Reportable Transactions-See Form 5500 Line 27d.

(2) entity of party unvolved	(b)  Description of asset (include interest rate and maturity in case of a lean)	(C) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on Vanascroon date	(T) Net gain er (loss)
US TREAS NO	ES	0.00		0.00	0.00		0.00	
US TREAS NO	ES	0.00	0.00	0.00	0.00			0.00
US TREAS BIL	.s	0.90		0.00	0.00		0.00	772
COWEN STAN	DBY RESERVE FUND			0.00	0.00			0.00
							_	
	-							
							<del></del>	·

(Form 5500)

# Annual registration Statement identifying Separated

# Participants With Deferred Vested Benefits

Under Section 6057(a) of the Internal Revenue Code

1992

This Form is NOT

Construent of the Transmy  For Paperwork Reduction Act Notice, see page 1 of the instructions for Form 5500 or 5500-C/R.							Open to Public Inspection
For the calendar year 1992 or fiscal plan year beginning January 1 , 1892, and ending December							31 ,1892
	e must be filed for each plan year i						benefit rights
	m the service covered by the plan. See			o report a separa	ited employ	<b>/04.</b>	
••	in ink all entries on this schedule. File t ts to this schedule should have entries :	•		<b>9896.</b>			
•	nsor (employer if for a single employer plan	n)				• •	entification number
	NCLAIR BROADCAST GROUP, INC.		no an 100 10 1	<del></del>	52	1494660	
Number, street, and room or suite no. (If a P.O. box, see the instructions for 1a.)						a plan to	·
2000 W. 41ST STREET  City or town, state, and ZIP code					one en	more than	
BALTIMORE MD 21211							п. п.
a Name of plan administrator (if other than sponsor)					2b Admin		Yes X No
SAME					52	14 <b>94660</b>	
Number, street	st, and room or suita no. (If a P.O. box, see	the instruc	tions for 1sL)				
City or town,	state, and ZIP code						
A Name of plan SINCLAIR BROADCAST GROUP, INC.  401(IX) PROFIT SHARING PLAN  number .							
							· <b>&gt;</b>   0   1
Have you not	fied each separated pericipant of his or hi	or deferred t	penefit?	· • • • •		▶	Yes No
Separated pa	rticipants with deferred vested benefits (if a	additional sp	ace is requir	ed, see instruction	a, What To	File"):	
	(b) Name of participant				ount of vested		
(2) Social security number		nature and form of benefit		(•)	Defined contribution plan		(h)
				Defined benefit	(1) (2)		in which
		(G) Type of annuity	(d) Payment frequency	plan—penedis payment	Unite or shares	Tetal value of account	perticipant separated
63-34-0593	EDNA L BLACK	A	A	0.00	0		91
-							
	The Following Inform	ation is (	Optional (	See Specific	instructi	on 6.)	
5500) and who schedule is be Note: Particip	to report (f) separated participants with to have received part or all of their vested sing filed, and (ii) to delete participants erro sarts listed in this item, because they have their remaining vested benefits.	benefits or neously rep	who have orted on a p	forfeited their b nor Schedule SS	enefits duri A (Form 550	ng the plan ye XI).	er for which this
(a)	(6)	Enter each for		Ame	before to the		
		form of		(0)	Defined contribution plan		(h) Plan year
Social society number	Name of participant	bone		Defined benefit	(1)	(9)	in which
		(G) Type of somety	(4) Payment frequency	plan—ponedic payment	Units or shared	Total value of account	separated
nder penalties o	perjury, I declare that I have examined th	a regist, and	d to the best	of my knowledge	and belief,	it is true, correc	z, and complete.
	1 1/1/					/	1/12/62
grature of plan adm	- Naud PA	Jul -	<b>-</b>		<u> </u>	0000 Þ	
	<b>/</b>	/ Cal M	i, 13506T		3	chedule SSA (I	Form 5800) (1992)